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OCT 18 2004

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07/26/2004

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Dinah Fuentes (Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/728,553	12/02/2000	Peter M. Bonutti	BON-4363	5055

TITLE OF INVENTION: TRACHEAL INTUBINATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$ 685	\$300	\$ 985	10/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, AARON J	3743	12B-200260

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Fleit Kain Gibbons Gutman Bongini & Bianco
2. Paul D. Bianco
3. Martin Fleit

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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THE BONUTTI 2003 TRUST-A

Effingham, IL

10/19/2004 AWONDAF2 00000007 09728553

01 FC:2501 685.00 OP
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Please check the appropriate assignee category or categories (will not be printed on the patent);

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) Paul D. Bianco, Reg. 43,500 (Date)

Oct 18, 2004

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